



## **NEED OF SCHOOL-BASED INTERVENTIONS TO PROMOTE ADOLESCENT HEALTH: REVIEWS, CONCERN AND CALL FOR ACTION IN SOCIAL SCIENCE PERSPECTIVE**

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### **Abstract:**

*Adolescent health programs are fragmentary at present and there is no comprehensive programme addressing all the needs of adolescents. With more than half of the world's population below the age of 25 and 4 out of 5 young people living in developing countries with inadequate access to prevention and care. Nearly 10-30 per cent of young people suffer from health impacting behaviors and conditions. Promoting healthy practices during adolescence and taking steps to better protect young people from health risks are critical for the prevention of health problems in adulthood. In this context health education in school classrooms can be effective in promoting health and preventing risk behaviors. Today's classroom education is challenging because present education system should focus on beyond academic performance. School-based approaches are possible, such as healthy school policies, improving on conducive environment, intervening risk behaviors, promoting mental health and parent outreach, which address broader health determinants, effective for promoting reproductive and sexual health as well as they can acquire greater productive and positive adult life.*

*Reviews presented in this article shows that most of the young people are at risk in terms of lack of knowledge and attitude on health and related issues, lack of access to health care facilities, stressed based education system, lack of academic performance having risk behaviors etc. School environment interventions can be effective programme to improve young people's health particularly regarding risk behaviors, reproductive and sexual health issues etc. It is said, 'Schools that add value educationally may promote student health'. In this regard social scientists like Social Workers, Sociologists, Psychologists, psychiatrists and other health professionals will have greater role in providing intervention programmes to address adolescents' health issues.*

**Index Terms:** Adolescent, School Based Intervention, Health, Concern & Call for action Social Sciences

### **Introduction:**

The health of adolescents is determined by social factors at personal, family, community, school education and national levels. Since health and health behaviors have strong relations from adolescence into adult life, the way that these social determinants affect adolescent health. Adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. It represents one of the significant transitions in the life span and is characterized by a tremendous rapidity in growth and change WHO (2014). In India, there are 253 million young people in the age group of 10-19 years who comprise 21% of the country's population (Census, 2011). Not only does this cohort represent India's future in the economic realm, but its experience, attitudes and behaviors will largely determine. During adolescence, developmental effects related to puberty and brain development

lead to new sets of behaviors and capacities that enable transitions in family, peer, and educational domains, and in health behaviors. These transitions modify childhood trajectories towards health and wellbeing and are modified by economic and social factors within countries, leading to inequalities. The strongest determinants of adolescent health worldwide are structural factors such as national wealth, income inequality, and access to education. Furthermore, safe and supportive families, safe and supportive schools, together with positive and supportive peers are crucial to helping young people develop to their full potential and attain the best health in the transition to adulthood. Improving adolescent health worldwide requires improving young people's daily life with families and peers and in schools, addressing risk and protective factors in the social environment at a population level, and focusing on factors that are protective across various health outcomes. Supporting development of a comprehensive communication strategy for Adolescent Health which will help improve key healthy behaviors among adolescents, especially those out of school and residing in remote and belong to vulnerable communities, Unicef (2014).

Education is one of the strongest predictors of health: the more schooling people have the better their health is likely to be. Although education is highly correlated with income and occupation, evidence suggests that education exerts the strongest influence on health. More formal education is consistently associated with lower death rates, while less education predicts earlier death. The less schooling people have, the higher their levels of risky health behaviors such as smoking, being overweight, or having a low level of physical activity.

In addition, school plays a critical role in promoting the health and safety of young people and helping them to establish lifelong healthy behaviors, psychosocial, intellectual, and vocational development. Research also has shown that school health programs can reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance. Scientific reviews have documented that school health programs can have positive affects on educational outcomes, as well as health-risk behaviors and health outcomes. Similarly, programs that are primarily designed to improve academic performance are increasingly recognized as important public health interventions. Teachers, curricula, school activities, and school culture all provide raw material that contributes to the adolescent's growing sense of self and increasing base of knowledge and skill. Educational institutions have been increasingly challenged to make changes that support the developmental needs of adolescents (Carnegie Council on Adolescent Development, 1996). This movement derives both from the recognition that many contemporary adolescents face a host of social and academic problems that threaten their well-being (National Center for Educational Statistics, 1998) and from the increasing body of evidence that demonstrates a stage-environment mismatch between adolescents and their schools (Eccles et al., 1993). Ravitch (1983) writes that the trade-off for bigger, more "efficient" schools means "impersonality, bureaucratization, diminished contact between faculty and students, formalization of relationships among colleagues, a weakening of the bonds of community". In school settings, students not only acquire knowledge but also imbibe values, develop an understanding of social norms that finally influence their behaviors. School education also plays an important role in reinforcing or challenging stereotypes among young people. School-based interventions are feasible and cost effective as school going adolescents are easily accessible. Importantly, schools also have a social standing and recognition as institutions of learning. Hence, any intervention implemented through schools has enhanced credibility and acceptability. In turn,

academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes. Studies presented in this literature describe the need of intervention programmes in school setting, there is a need of changing educational system as well as policy implications. Health professional and Social scientists can bring effective changes through intervention programmes like case work, group work or therapy, counseling, awareness programmes, psycho-social care, life skills education, training and intervention etc. These programmes definitely enhance health and social skills which bring greater impact on the life of young people and they feel positive adjustment towards their school education and life situations.

**Review Methods:**

All available population based studies (with large sample size, being multicentre in nature and reports published since 2015 were considered. Searches were conducted using PUBMED, Medline, International and national journals related to adolescent health, book reviews etc. Various search terms and key words were used, including young, youth, adolescent, young adult. Studies were merely drawn in terms of Reproductive health and knowledge, health seeking behavior, psychological and emotional problems and academic performance among school going adolescents. From a methodological perspective, majority of the studies were cross-sectional in nature, on varying sample size and under taken in urban and rural areas. Self structured and various scales were used to assess adolescent's health. Studies which are selected are basically providing literature on need of intervention programme for young people to enhance their skills to acquire positive healthy life and social development.

**Reproductive Health Knowledge and Attitude:**

The right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services are required yet. Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so (WHO). To maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women must have access to services that can help them to have a fit pregnancy, safe delivery and healthy baby. A combination of interventions can help to prevent most of these problems and promote healthy behavior. Following studies provide effective information on how school intervention programmes for adolescent are significant to acquire knowledge and attitude towards reproductive and sexual health.

Author	Year Place	Nature of Study	Sam ple	Tools or Instruments used	Remarks
K. Malleshappa et al	2011 Andhra Pradesh	Intervention Study	656, 14-19 years	Structured questionnaire	Reproductive health Knowledge score improved significantly after intervention.
Sarita Agrawal et al	2007 Bilaspur	Cross sectional study	500	Structured Questionnaire	Adolescent girls need extensive and supportive education programme to improve their awareness and reproductive status

P.V. Kotech et al	2009 Vadodara district	quantitative survey	768	Self-administered structured questionnaire	Information on the human reproductive system and related issues on reproductive health need special attention. Teachers' sensitization to "adolescent health care" is required.
Nair MK	2013 Kerala	Cross sectional	10 and 24 years	pretested structured schedule	Above 90% of boys and girls demanded adolescent care services and facilities for counseling
Beena Joshi	2002-2005 Kerala	Intervention study	11-19 years	Self administered questionnaires	A comprehensive approach with inclusion of referral services required
Sancheti Poonam Vijay, et al	2014 Maharashtra	Interventional study	200 school Adolescents.	Questionnaire method.	Knowledge regarding reproductive health increased significantly after health education. It may be concluded that health education is important for adolescents to improve their decision making skills regarding reproductive health.
R.S.P Rao	2008 Karnataka	Educational intervention study	791 rural girls	Structured questionnaire method was used	A significant increase in overall knowledge after the intervention

Table 1: Shows on reviews on need of significant school intervention programmes on reproductive health among adolescent

As per different studies with the growing incidence of young people (aged 14-24 years) engaging in sexual activity and the spread of sexually transmitted infections (STIs) and AIDS, concern for the sexual and reproductive health of young ones in this age cohort has increased in recent years. There is need to intensify efforts to inform and educate adolescents to be responsible and to have healthy attitudes towards sexuality, delaying the onset of sexual activity and reducing risky sexual behaviors. There is need to incorporate sex education appropriate for each educational level, to ensure that information is communicated by individuals with appropriate training that takes into account the special needs at different levels, and to develop appropriate curriculum methodologies and materials that recognize gender differences in SRH knowledge, attitudes and practices.

Adolescents in India may face troubles due to lack of right kind of information regarding their own physical and/or sexual development (i.e. growing up changes). Because of many misconceptions, ignorance and social taboos about sex, sexuality, conception and contraception; along with their peculiar developmental stage, adolescents form a vulnerable group. The habits formed during this period tend to last for lifetime. Also, most of the lifestyle diseases such as diabetes, hypertension and coronary disease which present themselves during adulthood have their foundations laid during this period of growing up. Not much attention has been given to this important group by the society. A good nutritional, social, psychological and emotional support given to adolescents will go a long way in preventing the disease burden on the society. Many problems in adolescents arise due to the modern lifestyle and risk taking behavior that is typical of this age. In this regard adolescent require

- ✓ Knowledge including inclusive sex education;

- ✓ Admittance to a full range of sexual and reproductive health services, including condoms, other means of contraception as appropriate and other interventions for the prevention, treatment and care of STI's, including HIV
- ✓ Secure and supportive environments free from exploitation and abuse.

**Health Seeking Behaviors:**

Health-seeking behaviors are influenced by information-seeking behaviors, reported research on adolescents' information-seeking behaviors is minimal. Available definitive information primarily addresses ways in which peers, parents, and health professionals are used as sources of information concerning sexuality. Research is now needed on how adolescents use the media and other sources of health information to effect changes in their lives. Help seeking generally refers to the use of "formal" supports, which define as health facilities, youth centers, formal social institutions or professional care providers, either in the public or private sector. "Help-seeking" refers to the use of health and other services in the case of severe or serious mental health issues, including substance use, reproductive tract infections, depression and suicide. Most adolescent health problems are related to behavioral and lifestyle issues, which the literature consistently confirms are more influenced by the social setting than by health providers or other professional service providers. Furthermore, research from around the world suggests that 80–90% of childhood disease is treated at home or outside the formal health care system, a pattern that likely continues into adolescence. This highlights even more the need to examine help-seeking more broadly than within the formal health care system WHO (2007).

Author	Year Place	Nature of Study	Sample	Tools or Instruments used	Remarks
Kennedy Otwombe et al	2010 - 2012 South Africa	Cross - sectional survey	830 (14-19 years)	Interview schedule	A gap between the availability and the need for general, reproductive, and counseling services. Integrated adolescent-friendly, school-based health services are recommended to bridge this gap
Chukwunye I Okereke	2010 Owerri, Nigeria. P	Cross sectional study	468	Pre-coded questionnaire	More accessible and cost-effective method of disseminating STI/HIV information involving the use of vernacular and traditional/ local opinion leaders should be used.
M Meghachandra Singh et al	2009 Haryana district	Cross sectional study	768	semi-structured schedule	The need for educating school girls about adolescent health, pregnancy and reproductive health problems through schools and 'parents by the health professionals
Gopi Krishna B	2012 Chandragir	Intervention study	145, 16-18 years	Self administered questionnaires	An adolescent health education cell for a group of college students to address the issues of adolescent problem. Regular meetings of parents with college authorities should be held to identify the problem among adolescents early. Regular health check-up of adolescents conducted to identify the health problem for early treatment including follow up.



www.ijtra.com	2014 Mangalore (India).	Community based Cross sectional study	440	A Pre designed, semi structured questionnaire	Newer outreach innovative interventions may be needed to create a sustained demand for services. Adolescent health services need to be made available to them from the ground level itself. Awareness on various health-care facilities for their various problems and issues
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Table 2: Shows on reviews regarding need of health seeking behavior among adolescents

Adolescents have significant needs for health services. They pose different challenges for the health-care system than children and adults, due to their rapidly evolving physical, intellectual and emotional development. Adolescence is a critical juncture in the adaptation of behaviors that are relevant to health (Shiribman, 2007). Adolescents suffer from a greater number of acute health conditions than adults, they see private physicians less than any other group (Edelman, 1996). Adolescents also underutilize other health care systems (Marcell & Halpern, 2005). The above table explicates the various studies on need of health seeking behavior and information on access to health care among adolescents. They describe Addressing adolescents' preferences to the different attributes of health services and ensuring supportive environment from parents, school and relevant others would maximize the service utilization rate and satisfaction of adolescents. To increase the provision of quality health care and to help providers become skillful in addressing the socio-cultural and other factors that might be important with regard to health services delivery to adolescents, we must understand adolescents' health service utilization patterns and their satisfaction on the service they receive. Measuring adolescents' health service utilization and satisfaction plays an important role in the growing push towards accountability among health care providers and also can be used as an established indicator of quality of care.

Knowledge on health service utilization and their health concern will enable health care administrators and providers to work on program improvements and contribute to design appropriate programs for adolescents. Many adolescents who suffer from mental health disorders, Reproductive health issues, substance use, poor nutrition, intentional injuries and chronic illness do not have access to critical prevention and care services (WHO). Promoting healthy practices during adolescence, and taking steps to better protect young people from health risks are critical for the prevention of health problems in adulthood, and for countries' future health and social infrastructure.

Any action or activity carried out by an adolescent who perceives herself/himself as needing personal, psychological, affective assistance or health or social services, with the purpose of meeting this need in a positive way. This includes seeking help from formal services – for example, clinic services, counselors, psychologists, medical staff, traditional healers, religious leaders or youth programmes – as well as informal sources, which includes peer groups and friends, family members or kinship groups and/or other adults in the community. The “help” provided might consist of a service (e.g. a medical consultation, clinical care, medical treatment or a counseling session), a referral for a service provided elsewhere or for follow up care or talking to another person informally about the need in question. Emphasizes on addressing the need in a *positive* way to distinguish help-seeking behavior from behaviors such as association

with anti-social peers, or substance use in a group setting, which a young person might define as help-seeking or coping are crucial.

**Psychosocial and Emotional Problems:**

Mental health is the emotional and spiritual resilience that allows one to enjoy life and to survive pain, suffering and disappointment. Generally adolescence is believed to be a period of great stress and storm as rapid physical as well as mental changes occur during this period. Psycho-social problems are of transient nature and are often not noticed. Several key transitional periods can present new challenges for these adolescents and symptoms or dysfunction may occur. The term psychosocial reflects both the under controlled, externalizing or behavioral problems such as conduct disorders, educational difficulties, substance abuse, hyperactivity etc., and the over controlled, internalizing or emotional problems like anxiety, depression etc. The emotional problems have been relatively neglected compared with behavioral problems because these are not easy to be detected by parents or teachers. Many epidemiological surveys on school going children and adolescents have reported a wide variation (20-33%) in the prevalence of psychosocial problems, Anita (2003). Individual studies illustrated the prevalence of psychosocial problems ranging between 10-40%, Jellinek MS, (1988). In India, where a psychological problem and visit to the psychiatrist is considered a stigma, it becomes even more necessary to create awareness amongst parents and health care providers about the extent of these psychological problems as many common chronic and mental health conditions arise during childhood.

It estimated that 10-20% of adolescence are suffering any of the behavioral or psychological problems. It is a challenge to meet their health needs; because 18-20% India constitutes the age group of between 10-20years (WHO Report 2013). These ensuing psychosocial problems are known to lead to various learning and emotional difficulties in children which then have an impact on their psychological wellbeing. Adolescents are vulnerable to a psychological dysfunction when they suffer physical injuries, psychological trauma, or major changes in their environment, especially in the absence of strong support systems. The term 'psychosocial' refers to the interplay between the biological, physiological, emotional, cognitive, social, and environmental and the maturational factors. Each of these factors should be considered when the problems and the needs of the adolescents are evaluated. The below described studies provide need of assessment and creative enhancement of skills to intervene and solving psychosocial problems faced among adolescents.

Author	Year Place	Nature of Study	Sample	Tools or Instruments used	Remarks
Rambha Pathak et al	2008 Chandigarh	School based cross-sectional study	1150	Youth Self-Report (2001) questionnaire.	Most of the adolescents suffer from emotional and behavioral problems which have their roots in the family environment. An urgency in establishing a school based mental health service.
Wang JN	2009 China	Cross-sectional study	5220 (aged 11-18)	Questionnaire	The prevalence of emotional and behavioral problems among Chinese adolescents was lower level compared with those reported in other countries. Parent-adolescent relationship, negative life events and age to be the strongest contributing factors of emotional and behavioral problems.

Anees Ahmed	2006-2007 Aligrha	Cross sectional study	390 (10-19 years )	Structured questionn aire	Significant proportion of male adolescents has behavioral and emotional problems that are often hidden and precipitate academic underachievement. Acute or chronic underachievement should be used, as a warning sign so that proper mental health services can be provided to such students at the earliest
Bharath Kumar Reddy K.R et al	2011 Bangalore	Cross sectional study	aged between 11 and 16 years	Strengths and Difficulties Questionn aire (SDQ)	Mental health problems are common among the general adolescent population in India. Early detection and effective intervention will result in better wholesome development of the futures citizens of our country
Singh Sunitha et al	2014 India	Review	Age group of 10-24 years in India	NIL	Many health policies and programmes have focused on prioritized individual health problems and integrated (both vertical and horizontal) coordinated approaches are found lacking. Healthy lifestyle and health promotion policies and programmes that are central for health of youth, driven by robust population-based studies are required in India which will also address the growing tide of NCDs and injuries.
Venkatas hivaReddy.B	2013 New Delhi/ India	Review	Adol escents	NIL	There is need to have better living conditions, political commitment, primary health care and women empowerment
J. M. Chinawa	2014 Nigeria	Cross sectional study	763 Adol escents	elf-administer ed questionn aire	This study revealed that adolescents exhibit several forms of behavioral problems.

Table 3: Shows on reviews regarding psychological and emotional problems among adolescents

Psychosocial health problems are highly prevalent and one of the hidden public health problems amongst the children and adolescents. Early diagnosis by primary care physicians and prompt referral to the specialist is very important for controlling it. Many psychosocial factors are influencing the wellbeing of adolescence. It is the time that professionals need to look seriously the measures to promote psychosocial wellbeing of adolescence and making them aware of these factors. Adolescence is the crucial stage which needs education and training regarding factors influencing their health and wellbeing also proper counseling for the high risk individuals for their future development.

**Academic Performance:**

Academic performance can be viewed as ability to study and remember facts and to be able to express such knowledge gained either verbally or in writing. It is a key criterion to judge ones total potentialities and capabilities which are frequently measured by examination results and used to pass judgment on quality of education by academic institutions.

In the present world, the challenges faced by students are enormous. As students they face intense competition, resulting in immense pressure for performing well in



their studies. A recent study shows that a systematic process for endorsing students' social and emotional development is the common element among schools that details an increase in academic achievements, improved quality of relationships between teachers and students, and a lesson in problem behavior (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). The social and psychological safety net and support system that the family provided has considerably weekend due to various social and economic reasons. The parents are too absorbed in their day-to-day pursuit to be able to give quality time to their children and provide appropriate directions. Many a times these young students find themselves not adequately prepared to handle these pressures and stress. Some may even breakdown, leading to disastrous consequences. Secure and assuring environment of their educational institutions and the families are often confronted by circumstances and situations which not fully equipped to cope with. As a result, the students often find themselves stranded at the crossroads of life, facing up to the harsh and complex realistic life. Life of Young people needs to be underscored.

Author	Year Place	Nature of Study	Sam ple	Tools or Instruments used	Remarks
Lee YJ et al	South Korea	Cross sectional Study	101	Academic performance scales were administered	The academic performance of adolescents is important for their psychosocial development and to prepare them for adulthood.
Nadia S. Ansary And Suniya S. Luthar	2009 Yale University	Evaluative study	256	Cluster analyses	Showing the poorest academic performance as graduating high school seniors (with levels a whole letter grade below average). These findings add to a growing body of evidence suggesting the need for parents and educators to be concerned about adolescent behaviors
Chase PA	2014 USA		710	Structured method	Future possibilities for evaluating the relationship between school engagement and academic achievement, as well as the implications for educational policy and practice, are discussed.
Rajesh Kumar <sup>1</sup> , Roshan Lal	2014 Chandigarh	Cross-sectional study	200	Family Environment Scale (FES)	The obtained results indicate that the adolescent experiencing healthy family environments are found to have higher academic achievement in comparison to children belonging to low family environment.
Anees Ahmad et al	2006-07 JNMC, Aligarh	Cross sectional study	410	Structured questionnaire	Significant proportion of adolescents has behavioral and emotional problems that are often hidden and precipitate academic underachievement.
P Jayanthi, et al	2015 Tamil Nadu	Cross-sectional study	1024	Modified Educational Stress Scale	Adolescents with severe academic stress need to be identified early as interventions to reduce academic stress, likely to affect the occurrence and severity of depression.

Table 4: Shows on reviews regarding academic achievement and related issues, need for intervention

In schools, youngsters with serious emotional and learning problems usually are assisted under the auspices of "special education." Of course, many students with behavior, learning, and emotional problems don't meet the criteria for special education. Their needs must be addressed through support programs and other accommodations. Student's academic performance also plays an important role in producing best quality graduates who will become great leaders and manpower for the country thus responsible for the country's economic and social development. (Alos, Caranto, and David, 2015). As per above described studies also (Table no.4.) show that intervention programmes are essential to enhance academic skills of young people. Academic Performance to a great extent is a function of students study habits. Therefore to enhance education, it becomes necessary to improve study habits of students. Globally researcher revealed that a relationship exists between study habits and academic performance (Bashir and Mattoo, 2012; Kurshid, Tanveer and nas Quasmi 2012). Study habits are students' ways of studying whether systematic, efficient or inefficient (Ayodele and Adebisi, 2013), implying that efficient study habits produces positive academic performance while inefficient study habits lead to academic failure.

**Conclusion:**

Although adolescence comprises of one decade of a life span, it is a prelude to the ultimate life that the individual will be destined to live. Thus, those who are going through this period of life require special attention from the family, community and the society as a whole.

Adolescents should be considered as a special group in developmental, educational and health programmes. Regular screening programmes should be instituted in target areas like schools and colleges, where a large number of adolescents get together. Their problems should be recognized early and solutions should be provided accordingly. For a society which is in transition, like ours, the rising trend of the psychiatric morbidity in adolescent girls, who will be mothers in future, is alarming and therefore, immediate positive measures should be taken at appropriate levels.

In order to acquire healthy social development positive social skills are very much required for young people. Therefore introducing School-based health centers (SBHCs) can provide physical and mental health services on school campuses to improve student health status, and thereby potentially facilitate student academic success. Adolescence Education Programme (AEP) is also an important initiative that aims to empower young people with accurate, age appropriate and culturally relevant information, promote healthy attitudes and develop skills to enable them to respond to real life situations in positive and responsible ways. Interventions delivered in school based settings were found to have positive impacts on social skills among young students. Furthermore interventions that that incorporated peer -teaching, group discussion, or role modeling, as well as teacher- led instructions were effective, Tawana Bandy, et.al (2011). Nonetheless, expansion, replication and further research on intervention programs to promote social skills among children and adolescents are needed. This seems especially important given the high levels of issues and problem behavior in schools and communities across the country. More research will aid policymakers, educators, health professionals and practitioners in their efforts to foster healthy social development among all young people.

Social science theories and methods have been utilized in numerous studies of health and disease to understand social, behavioral, and structural factors and to contribute to the design of health interventions and public policy. Therefore addressing adolescent health and related issues are greater challenge and these issues can be

assessed and intervened in social science perspectives. HIV prevention research using approaches grounded in behavioral and social science theory has been shown to be effective in reducing risk behaviors among a number of high-risk populations Van Devanter (1999). In the coming years it will be possible to explore social science perspective influence on health and the interaction between biology, psychology, environment, adolescent risk-taking behavior, and health outcomes in ways never possible before. These advances allow unique opportunities to access and assess adolescents, especially as it relates to health related issues.

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